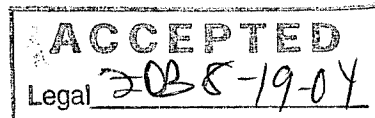


PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211
OFFICE # (803) 896-5191 FAX # (803) 896-5129

CLASS E (HHG)DATE July 26, 2004

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.) Moving with Moxie, Inc.
2. (a) Street Address of Applicant 88 Shell Ring Rd,
Hilton Head Island, SC 29928

(b) Mailing address, if different from street address _____

(c) Telephone Number 843-757-2100 SS No. _____

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business.
(b) If a corporation, names and addresses of two principal officers will be sufficient.

N/A

5. (a) Class E – the proposed rates and charges for service, rules and regulations governing same are included herewith, as set forth on Exhibit "A".
(b) Class F – Contracts are included herewith.
6. The proposed commodities to be transported and the area to be served, as set forth on Exhibit "C" included herewith. Household Goods and Office Equipment
7. The proposed list of equipment is as per Exhibit "D" included herewith.
8. Applicant proposes to operate service applied for as follows: (Check one)
(a) Intrastate Only ☒ (b) Interstate Only ☐

Handwritten signature/initials and a question mark.

PENSKE

Customer: Green Line Moving & Storage
District: 5111 Indy Post Road (Indianapolis, IN)

Unit: 433774
VIN#: 1FVACWDC85HN93607
Model Year: 2005
Make: Freightliner
Model: M2
Category: Truck
Type: 26' Van
Color: White

Unit: 433775
Serial#: N93606
Model Year: 2005
Make: Freightliner
Model: M2
Category: Truck
Type: 26' Van
Color: White

EXHIBIT FWA

Name: Moving with Moxie, Inc.

Address: 88 Shell Ring Rd. Hilton Head Island, SC 29928

Telephone No. 843-757-2100

Fax No. _____

U.S.D.O.T. No. _____

ICC No. _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No _____ Pending X (Submit when received)

(If "yes", indicate rating and provide copy)

Satisfactory _____

Conditional _____

Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No X

3. Are there currently any outstanding judgement(s) against Applicant?

Yes _____ No X

(If "yes", indicate nature of judgement(s).

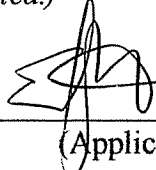
4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes X No _____

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes X No _____


(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)


(Applicant's Signature)

Sworn to before me

At _____

This _____ day of _____, 20____


(Notary Public)

ROBERT K. OLSON, Attorney at Law

Notary Public - State of Ohio

Commission Expires _____

My Commission has no expiration date

Section 147.03 R.C.

Detach, complete and return. **ENTER your safety audit has been performed by State Transport Police.**

Todd Harrison, Eric J. DeWeerd
(Applicant's name)

SAFETY CERTIFICATION

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair and maintenance (49 CFR Parts 392, 395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE BOX	
<input checked="" type="checkbox"/> X YES	<input type="checkbox"/> NOT APPLICABLE

EXEMPT APPLICANTS - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines

PLEASE CHECK THE APPROPRIATE BOX	
<input checked="" type="checkbox"/> X YES	<input type="checkbox"/> NOT APPLICABLE

APPLICANT'S OATH

I, Eric J. DeWeerd, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certificate that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material facts constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).


Sworn to before me

at _____

this _____ day of _____ 20____



Notary Public
ROBERT K. OLSON, Attorney at Law
Notary Public - State of Ohio
My Commission has no expiration date
Section 147. 03 R.C.



Signature of Applicant
(Not Legal Representative)

9. **IMPORTANT!** If application is to request reinstatement, amend, sale, lease or otherwise transfer a certificate of PC&N, a current annual report shall be on file with the Commission before application will be accepted. Annual report form attached for your convenience. If application is for a **NEW CERTIFICATE**, **DO NOT SUBMIT ANNUAL REPORT.**

10. Is applicant certified to provide intrastate transportation of household goods in another state? Yes ___ No X (Check one).

If yes, attach a letter from the regulatory agency in the State(s) stating applicant is in compliance with the rules and regulations of said state agency.

11. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state?
Yes ___ No X (Check one)

If yes, list dates and nature of convictions below.

N/A

12. Has applicant ever had certificate authorizing the transportation of household goods revoked in this state or any other state?
Yes ___ No X (Check one).

If yes, list dates and reason for revocation below.

N/A

13. Applicant is financially able to furnish the services as specified in this Application, and submits the following statement of assets and liabilities.

ASSETS:

Cash	<u>\$104,303</u>
Real Estates and Buildings	<u>\$219,900</u>
Accounts and Notes Receivable	<u>\$ 24,250</u>
Power Equipment (Net of Depreciation)	<u>\$ 2,500</u>
Garage & Office Equipment	<u>\$ 12,500</u>
(Net of Depreciation)	<u>\$ 6,500</u>
Other Assets	<u> </u>

TOTAL ASSETS \$ 369,953

LIABILITIES:

Accounts and Notes Payable	<u>\$ 13,545</u>
Rents and Leases payable	

Mortgages Payable	<u>\$162,000</u>
Debt on Power Equipment	<u>Leased</u>
Other Liabilities	<u>\$ 62,762</u>
TOTAL LIABILITIES	\$ <u>238,307</u>
NET WORTH	\$ <u>131,646</u>

14. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,]

COUNTY OF Beaufort]

I, Todd Harrison, Eric J. DeWeerd Owners/Operators
(Name of Applicant's Representative) (Title)

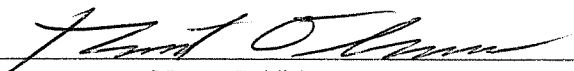
of Moving with Moxie, Inc. the Applicant for the Certificate of Public
(Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.


SWORN TO BEFORE ME

At _____]

This the _____ day of _____ 20 _____]

]

(Notary Public)
ROBERT K. OLSON, Attorney at Law
Notary Public - State of Ohio


(Signature of Applicant's Representative)

My Commission My Commission has no expiration date
Section 147. 03 R.C.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

POST OFFICE DRAWER 11649
COLUMBIA, SC 29211

Moving with Moxie, Inc.

(APPLICANT)

88 Shell Ring Rd. Hilton Head Island, SC 29928

(ADDRESS)

Proposed Rates and Charges for Service

And Rules and Regulations Governing Same Are As Follows:

The applicant will be a member of the South Carolina Tariff Bureau and will participate in the applicable tariffs.

CLASS E
EXHIBIT C

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Post Office Drawer 11649
Columbia, South Carolina 29211

Moving with Moxie, Inc.

(APPLICANT)

88 Shell Ring Rd. Hilton Head Island, SC 29928

(ADDRESS)

Over Irregular Routes:


Commodities to be Transported:

Household Goods, As Defined in R. 103-210(1):

Area to be Served: (List counties in detail)

All counties in South Carolina and States in the United States

*I assume you want language to read: Between Points and
Places in South Carolina. Please initial and return if this
is correct. (SMH)*

That is correct 

Todd Harrison, Eric J. DeWeerd _____
(Applicant)

Date: July 19, 2004 _____

By _____

Owner/Operator _____
Title

216-858-0301

**PUBLIC SERVICE
COMMISSION OF
SOUTH CAROLINA**

Fax

To: Erin DeWeerd **From:** Angie Pate
Fax: _____ **Pages:** _____
Phone: _____ **Date:** _____
Re: _____ **CC:** _____

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

INSURANCE QUOTE

The following insurance quote is for:

SEE ATTACHED

(Name of Motor Carrier)

(Address of Motor Carrier)

Amount of Premium:

Liability Insurance _____

Cargo Insurance _____

The above quoted premiums are for a term of _____ months.

(Insurance Company Name)

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Date

(Authorized Insurance Company Representative)

***** Form E and Form H Certificates of Insurance are required to be filed with the Public Service Commission of South Carolina.**

INSURANCE QUOTE

The following insurance quote is for:

Moxie's Moving & Storage, Inc.

88 Shell Ring Road, Hilton Head Island, SC 29928

Amount of Premium:

Liability Insurance: \$1,000,000

Cargo Insurance: \$100,000

The above quoted premiums are for a term of 12 months.

Vanliner Insurance Company

1 Premier Drive, St. Louis, MO 63026

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

June 25, 2004

Daniel G. Meissner
Authorized Insurance Company Representative

SARA
800-605-0091

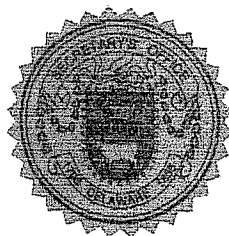
Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF INCORPORATION OF "MOVING WITH MOXIE, INC.", FILED IN THIS OFFICE ON THE THIRTEENTH DAY OF JULY, A.D. 2004, AT 1:24 O'CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.



3828250 8100

040513880

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3241156

DATE: 07-19-04

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:24 PM 07/13/2004
FILED 01:24 PM 07/13/2004
SRV 040513880 - 3828250 FILE

CERTIFICATE OF INCORPORATION
OF
MOVING WITH MOXIE, INC

FIRST: The name of this Corporation is Moving With Moxie, Inc.

SECOND: The registered office in the State of Delaware is to be located at 2711 Centerville Road, Suite 400, in the City of Wilmington, County of New Castle, Zip Code 19808. The registered agent in the charge thereof is Corporation Service Company.

THIRD: The purpose of the Corporation is to engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of Delaware.

FOURTH: The name and mailing address of the incorporator are as follows: Lesley Macquet, 7479 Northwest 4th Street, Plantation, FL 33317.

FIFTH: The capital stock of the corporation shall consist of 3,000 shares of common stock par value one cent (\$.01) of which 1,500 shares shall be voting and 1,500 shares shall be non-voting.

SIXTH: There shall be no personal liability of a director to the corporation or its shareholders for monetary damages for breach of fiduciary duty as a director except as follows: (i) for any breach of the director's duty of loyalty to the corporation or its shareholders, (ii) for acts or omissions not in good faith or that involve intentional misconduct or a knowing violation of law, (iii) for violations under Section 174 of the General Corporation Law of Delaware, or (iv) for any transaction from which the director derived an improper personal benefit.

SEVENTH: Whenever a compromise or arrangement is proposed between this Corporation and its creditors or any class of them and/or between this Corporation and its stockholders or any class of them, any court of equitable jurisdiction within the State of Delaware may, on the application in a summary way of this Corporation or of any creditor or stockholder thereof or on the application of any receiver or receivers appointed for this Corporation under Section 291 of Title 8 of the Delaware Code or on the application of trustees in dissolution or of any receiver or receivers appointed for this Corporation under Section 279 of Title 8 of the Delaware Code order a meeting of the creditors or class of creditors, and/or of the stockholders or class of stockholders of this Corporation, as the case may be, to be summoned in such manner as the said court directs. If a majority in number representing three fourths in value of the creditors or class of creditors, and/or of the stockholders or class of stockholders of this Corporation, as the case may be, agree to any compromise or arrangement and to any reorganization of this Corporation as consequence of such compromise or arrangement, the said compromise or arrangement and the said reorganization shall, if sanctioned by the court to which the said application has been made, be binding on all the creditors or class of

creditors, and/or on all the stockholders or class of stockholders, of this Corporation, as the case may be, and also on this Corporation.

EIGHTH: In furtherance and not in limitation of the powers conferred by the laws of the State of Delaware, the Board of Directors is expressly authorized to make, amend and repeal the Bylaws.

I, THE UNDERSIGNED, being the incorporator, for the purpose of forming a corporation under the laws of the State of Delaware do make, file and record this Certificate of Incorporation, do certify that this Certificate of Incorporation is the act and deed of the corporation and that the facts herein stated are true, and, intending this to be an acknowledgement within the meaning of Section 103 of the Delaware General Corporation Law, have hereto set my hand and seal this 13th day of July, 2004.

By:  (SEAL)
Lesley Macquet
Incorporator